

Docket No.
BTO019USPT01

Declaration and Power of Attorney For Patent Application

English Language Declaration As a below named inventor, I hereby declare that: My residence, post office address and citizenship are as stated below next to my name, I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled DEVICE FOR SIMULATING SOME ASPECTS OF CIGARETTE USE the specification of which (check one) is attached hereto. as United States Application No. or PCT International □ was filed on Application Number and was amended on (if applicable) I hereby state that I have reviewed/and understand the contents of the above identified specification, including the claims, as amended by any amendment referred to above. I acknowledge the duty to disclose to the United States Patent and Trademark Office all information known to me to be material to patentability as defined in Title 37, Code of Federal Regulations, Section 1.56. I hereby claim foreign priority benefits under Title 35, United States Code, Section 119(a)-(d) or Section 365(b) of any foreign application(s) for patent or inventor's certificate, or Section 365(a) of any PCT International application which designated at least one country other than the United States. listed below and have also identified below, by checking the box, any foreign application for patent or inventor's certificate or PCT International application having a filing date before that of the application on which priority is claimed. Prior Foreign Application(s) Priority Not Claimed (Number) (Country) (Day/Month/Year Filed) (Day/Month/Year Filed) (Number) (Country)

(Number)

(Country)

(Day/Month/Year Filed)



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I hereb			under	35	U.S.C.	Section	119(e)	of	any	United	States	provisional
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(Application Serial No.) (Filing Date)

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I hereby claim the benefit under 35 U. S. C. Section 120 of any United States application(s), or Section 365(c) of any PCT International application designating the United States, listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States or PCT International application in the manner provided by the first paragraph of 35 U.S.C. Section 112, I acknowledge the duty to disclose to the United States Patent and Trademark Office all information known to me to be material to patentability as defined in Title 37, C. F. R., Section 1.56 which became available between the filing date of the prior application and the national or PCT International filing date of this application:

(Application Serial No.)	(Filing Date)	(Status) (patented, pending, abandoned)		
(Application Serial No.)	(Filing Date)	(Status) (patented, pending, abandoned)		
(Application Serial No.)	(Filing Date)	(Status) (patented, pending, abandoned)		

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.



POWER OF ATTORNEY: As a named inventor, I hereby appoint the following attorney(s) and/or agent(s) to prosecute this application and transact all business in the Patent and Trademark Office connected therewith. (list name and registration number)

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Full name of sole of first inventor	
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Sole of first inventor's signature	2 23/99
Residence 234 Roosevelt Avenue, Eau Claire, Wisconsin 54701	7 7
Citizenship United States	
Post Office Address 234 Roosevelt Avenue, Eau Claire, Wisconsin 54701	

Full name of second inventor, if any	
Second inventor's signature	Date
Residence	
Citizenship	
Post Office Address	

VERIFIED STATEMENT CLARATION) CLAIMING SMALENTITY STATUS (37 CFR 1.9(f) AND 1.27 (c)) - SMALL BUSINESS CONCERN

Docket No. BTO019USPT0

STATUS (37 CFR 1	.9(f) AND 1.27 (c)) - SMAL	L BUSINESS CONCERN	BTO019USPT01
Serial No.	Filing Date Herewith	Patent No.	Issue Date
Applicant/ Jurmain Patentee:			
Invention: DEVICE FOR S	SIMULATING SOME ASPECT	S OF CIGARETTE USE	
I hereby declare that I am:	small business concern identifie	d below:	
	mall business concern empowe		ern identified below:
NAME OF CONCERN: Bal			
ADDRESS OF CONCERN:	2709 Mondovir Road, Eau Clai	ire, Wisconsin 54701	
of Title 35, United States C not exceed 500 persons. F average over the previous basis during each of the p	oduced in 37 CFR 1.9(d), for purpose, in that the number of emptor purposes of this statement, (fiscal year of the concern of the pay periods of the fiscal year, appropriately controls or has the powerth.	oloyees of the concern, including (1) the number of employees of the persons employed on a full-than (2) concerns are affiliates	g those of its affiliates, does the business concern is the time, part-time or temporary of each other when either,
-	under contract or law have bee to the above identified inventio	•	the small business concern
★ the specification	on filed herewith with title as liste	ed above.	
the application	identified above.		
☐ the patent iden	itified above.		
organization having rights to person, other than the investigation	above-identified small business to the invention is listed on the entor, who could not qualify as ualify as a small business cond	e next page and no rights to the an independent inventor under	ne invention are held by any er 37 CFR 1.9(c) or by any

Each person, concern or organization to which I have assigned, granted, conveyed, or licensed or am under an obligation under contract or law to assign, grant, convey, or license any rights in the invention is listed below:								
no such person, concern or organization exists. acceptable and such person, concern or organization is listed below.								
FULL NAME ADDRESS								
FULL NAME		Individual		Small Business Concern		Nonprofit Organization		
ADDRESS FULL NAME		Individual		Small Business Concern		Nonprofit Organization		
ADDRESS		Individual		Small Business Concern		Nonprofit Organization		
FULL NAME ADDRESS		Individual		Small Business Concern		Nonprofit Organization		
Separate verified statements are required from each named person, concern or organization having rights to the invention averring to their status as small entities. (37 CFR 1.27)								
I acknowledge the duty to file, in this application or patent, notification of any change in status resulting in loss of entitlement to small entity status prior to paying, or at the time of paying, the earliest of the issue fee or any maintenance fee due after the date on which status as a small entity is no longer appropriate. (37 CFR 1.28(b))								
I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code, and that such willful false statements may jeopardize the validity of the application, any patent issuing thereon, or any patent to which this verified statement is directed.								
NAME OF PERSON SIGNING: Mary M. Jurmain								
	TITLE OF PERSON SIGNING OTHER THAN OWNER: President							
ADDRESS OF PERSON SIGNING: BABY THINK IT OVER, INC.								
			2709 Mondov	i Road				
			Eau Claire, W	Visconsin 54701				
SIGNATURE:	Ma	y M.	Jurna	DAT	TE: 3/1/	199		